### Professional Development Committee Marriott West - Richmond, Virginia October 8, 2008 10:30 am

**Members Present:** Others: **Members Absent:** Staff: Scott Winston Kate Passow Randy Abernathy - Chair **Jeffrey Reynolds Dave Cullen** Billy Altman-excused Michael Berg Melinda Duncan **EMS-C Representative** Warren Short Linda Johnson **Holly Frost** Teresa Ashcraft Greg Neiman **Dr. Charles Lane** Chad Blosser Diane Hutchison **Kathy Eubank** Dr. George Lindbeck **Donna Hurst** Nicholas Klimenko

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Welcome	The meeting was called to order at 10:40(am	
II. Introductions	Members of the Committee and guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting (Attached)	Approved by General Consent
IV. Approval of Minutes	Reviewed the minutes of the July 9, 2008 meeting (ATTACHMENT: A)	Motion by: Dr Charles Lane
		To: Accept the minutes as presented. Seconded by: Dave Cullen
		Vote: Unanimously Approved
V. Reports of Committee		
Members		
	a. Officer Reports - Randy Abernathy and Dr. George Lindbeck went to the Atlantic EMS	
	Council in Annapolis, MD in August 2008. A lot of interesting information was exchanged.	
	b. Reports of Committee Members –	
`	a. Medical Direction – Dr. Charles Lane – Discussion of the Scope of Practice and	
	discussion on disseminating information to the field, Stemi initiatives, and EMS	
	training on Certified Professional Midwives and their role in the field.	
	b. Others – Dr. George Lindbeck discussed the Scope of Practice Committee. Met last	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	week and worked on the formulary. The recommendation will be coming forward to	
	include an Intermediate Level, however it is important to note it is not set as 199.	
	Focusing on Education Standards will set Educational Minimums and State SoP will	
	set Operational Maximums. The SoP needs to be fluid and allow flexibility to adjust	
	to changes (i.e. 2010 AHA Guidelines).	
	i. OMD Endorsement- Still looking at this issue. By July 2008 only 27 OMD's	
	had completed the process and 50 had paperwork in the process. Proposal to	
	take 5 yrs and make it a 2 yr endorsement to coincide with State License.	
	Comprised of 8 hours of training; 4hrs of VA specific information and 4hrs	
	of other information. Will need to take 4 hours of Update every 2 years.	
	Standard OMD Course is going to be offered online as well, with a VA	
	section.	
	\	
	c. Office of EMS	
	i. Division of Educational Development-Warren Short	
	1. Staffing – CTS Position – with the current budget issues, this	
	position stays on hold.	
	2. Due to budget issues, the Ad-hoc Committees will be holding	
	their last meetings this month. It may require PDC to decrease in	
	their number of meetings as well.	
	1. Scott Whaston expanded on the budget issues facing the	
	Office. A will 15% reduction may be implemented in the	
	Department of Health ~ \$25 million. EMS may be asked to	
	pony up a higher share of the revenue than other offices in	
	the Health Department. The Governor's announcement on	
	the Budget Reduction Plan either today or tomorrow and	
	the overall plan presented to the General Assembly in	
	December	
	3. NASEMSEO met out in Tacoma, Washington. Gary Brown and	
	Dr. Lindbeck attended.	
	1. Dr. Lindbeck was elected to represent the Medical	
	Directors from the East Coast.	
	2. There is an interest in self-testing within the states.	
	3. Many states are announcing that they are keeping an	
	Intermediate Level.	
	4. Accreditation is becoming an issue. A lot of discussion	
	about who is exactly in charge of that, NR or NHTSA? NR	
	position may be softening. Either way, Virginia is already	
	there.	

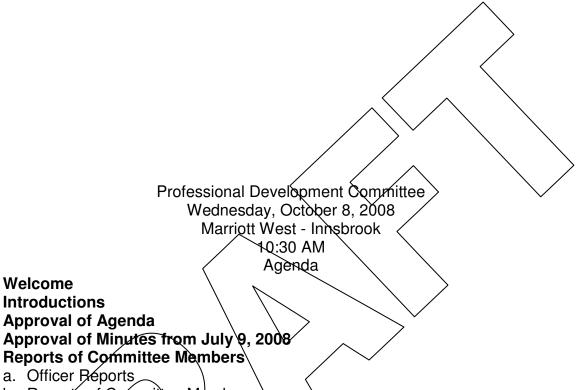
Topic/Subject	Discussion	Recommendations, Action/Follow-
Topicisanject	Discussion	up; Responsible Person
	5. Air medical issues continue on the national stage.	• •
	6. Gary Brown apologizes that he could not attend today.	
	7. Dr. Lindbeck advised that Registry is not interested in	
	continuing testing the I level.	
	8. There was supposed to be a vote that required that every	
	state should have a plan on how to prepare for the	!
	requirements of NR but it is unknown about the outcome.	
	9. Randy Abernathy asked about how the ability to take the	
	Registry Written Exam to recertify instead of CE affects	
	recertification in Virginia. Warren advised that there is no	
	change in recert requirements in VA.	
	10. National EMS Education Standards Final Draft is at	
	NHTSA. Look to go into effect after adopted in 2011 to	
	allow publishers time to prepare materials.	
	11. Have new Scanners that the Office is testing for scanning	
	of CE.  Rilated at 2008 VAVRS Convention	
	<ul><li>a. Piloted at 2008 VAVRS Convention.</li><li>b. Will be used at 2008 Symposium.</li></ul>	
	c. Plan is: once testing is complete, the standards	
	will be made available and will allow people to	
	purchase scanners and the software. After an	
	orientation and IT Security Agreement is signed,	
	they will be able to be used.	
	i. Randy asked about RSAF availability to	
	purchase scanners and Warren replied	
	that he would support that decision.	
	ii ALS Training Specialist Warren Short	
	1. ALS-C in July 60 people one of whom is a Physician.	
	1. Next one is tentatively scheduled for January in the	
	Tidewater Region	
	iii. BLS Training Specialist – Greg Neiman	
	MS Instructor Updates – Only 5 updates scheduled for 2008.	
	The most recent, September 27, 2008 at 9am at the VAVRS	
	Convention in VA Beach was well attended by 50+	
	Instructors/ALS Coordinators. We continue to work on placing	
	the Update on VATrain, but do not have a rollout date. The next	
	update is scheduled for this Saturday in NOVA at the Fairfax	<u> </u>

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	County Fire & EMS	
	2. EMS Instructor Institute – At the Institute in Winchester	
	September 13-17 20 people attended. 6 Fire Instructors bridged to	
	EMT Instructor, 1 person completed a missing lecture and 13	
	providers attended. Of those, 3 received conditional and are	
	working to teach their 50 hours with another Instructor.	
	1. Next Institute is tentatively scheduled for the end of	
	January 2009 in Tidewater.	
	a. Eligibility Deadline November 8, 2008	
	2. Next Practical is scheduled for December 2008 in	
	Tidewater.	
	a. We will be piloting the new EMT Practical Exam	
	at this Instructor Practical.	
	iv. Funding and Accreditation	
	1. EMSTF- See Attachment (ATTACHMENT: B)	
	2. Accreditation Update – See Attachment (ATTACHMENT: C)	
	v. Regulations a. Final input will come from MDC next week and will move forward. January	
	1, 2010 is very optimistic for implementation.	
	1, 2010 is very optimistic for imprestignation.	
VI 4 1 1 C 244	DICC of the Paris Link Burner Clark Local Market Control of the Co	
VI. Ad-hoc Committee	a. BLS Curriculum Review – Linda Johnson, Chair – Last Meeting was xesterday, October 7,	
Reports	2008. The Committee has completed the Accreditation Document for Competency-based EMT	
	and will present it during New Business for consideration. This is an optional process.	
	Comments should be forwarded in writing to Greg Neiman	
	(Gregory Neiman@vdh.virginia.gov) NLT December 1, 2008. If approved, it would start after	
	the new regulations are promulgated.	
	b. BLS Certification Evaluators Committee – Linda Johnson, Chair – NO REPORT.	
	c. EMS Instructor Credentialing Committee – Nick Klimenko, Chair – The Committee met this	
	Monday, October 6, 2008. The Committee reserved 7 written comments and spent a whole day	
	revising the document. The revised document will be presented under New Business.	
	Comments should be forwarded in writing to Greg Neiman	
	(Gregory.Neiman@vdh.virgmia.gov) NLT December 1, 2008. If approved it would start after	
	the new regulations are promulgated.	
	d. BLS Certification Test Committee – Jeffrey Reynolds, Chair – Greg Neiman reported that the	
	last meeting was August 20, 2008. The committee continues to write the Practical Test Book	
	for the new practical stations. Next meeting is October 15, 2008.	
VII. Previous Business	None	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
VIII. New Business	a. Proposal from the BLS Curriculum Review Ad-hoc Committee (ATTACHMENT D)	Motion by: BLS Curriculum Update Committee To: Accept the BLS Accreditation Proposal as an alternative to the traditional EMT Program and delay consideration on this issue until the January 2009 PDC meeting to allow for public comment.
		No Second Required as it comes from a sub-committee  Discussion Vote: Unanimously Approved
	b. Proposal from the EMS Instructor Credentialing Committee (ATTACHMENT: E)	Motion by: EMS Instructor Curriculum Ad-hoc Committee To: Accept the proposal to change the Instructor Certification process and delay consideration on this issue until the January 2009 PDC meeting to allow for public comment.
		No Second Required as it comes from a sub-committee  Discussion
		Vote: Unanimously Approved
	c. Electronic Resources for Registry Paramedic CAT – Holly Frost  a. There are a number of issues reported from Nick Klimenko and Holly Frost  i. Nick reported two students who took the exam within the last month could not see the ECG images on the screen and failed. The Pearson Vue rep could not help them and the Registry, when contacted on the phone that day, advised that they were sorry but there was nothing that could be done and the candidates would have to pay and retake the exam.	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	ii. Holly reports strong candidates who are only being allowed to answer	
	between 50 and 70 questions and are failing when the Registry states that the	
	minimum should be 60 or 70 before a determination can be made.	
	b. If other problems such as this occur please include Tom Nevetral at the Office so we	
	can track and follow-up on them from the State level.	
	d. STEMI VEHAC AHA VCAC- Enhance the spectrum of cardiac care. They will be putting	
	together a "toolbox" to help EMS and non-cath hospitals deal with Heart Attack victims.	
	Looking for Regional Plan to deal with STEMI patients. Optober 22 <sup>nd</sup> roll-out.	
	e. There is an AHA National Standard Survey that is being directed to EMS Agencies. Hosted	
	online by AHA. The Medical Directors are encouraging agencies to participate so that the data	
	for Virginia can be reviewed. There was discussion about what new things might we see	
	coming from AHA in their new guidelines.	
IX. Public Comment	Warren Short stated the Office's appreciation to the Committee Chairs and the members of the Ad-hoc	
	Committees for all of their time and effort over the last couple of years.	
X. Dates for 2009 Meetings	Next PDC Meeting is scheduled for January 7, 2009, at the Marriott West-Innsbrook	
XI. Adjourn	Motion to adjourn at 1358.	





a. Officer Réports

Welcome **Introductions** 

I.

II. III.

IV.

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b. Reports of Committee Members

i. Medical Direction Committee - Dr. Charles Lane

**Qthers** ii.

c. Office of EMS

- i. Division of Educational Development-Warren Short, OEMS
- ii. ALS Training Specialist- Tom Nevetral, OEMS
- BLS Training Specialist-Greg Neiman, OEMS
  - 1. EMS Instructor Updates
  - 2. EMS Instructor Institute
- iv. Funding and Accreditation-Chad Blosser, OEMS
  - 1. EMSTF
  - 2. Accreditation Update

### VI. Ad Hoc Committee Reports

- a. BLS Curriculum Review Linda Johnson-Chair
- b. BLS Certification Evaluators Committee-Linda Johnson-Chair-NO REPORT
- c. EMS Instructor Credentialing Nick Klimenko-Chair
- d. BLS Certification Test Committee-Jeffrey Reynolds-Chair

### **Previous Business** VII.

### VIII. New Business

- a. Proposal from the BLS Curriculum Review Ad-hoc Committee
- b. Proposal from the EMS Instructor Credentialing Committee
- c. Electronic Resources for NR-Paramedic CAT-Holly Frost

### IX. Public Comment

### X. Dates for 2009 Meetings

a. January 7, 2009

b. April 8 2009

c. July 8, 2009

d. October 7, 2009

### XI. Adjourn



### Attachment: A October 8, 2008 PDC Minutes

## Approved July 9, 2008 Minutes of the PDC

### Professional Development Committee Marriott West - Richmond, Virginia July 9, 2008 10:30 am

<b>Members Present:</b>	Members Absent:	Staff:	Others:
Randy Abernathy – Chair	Donna Hurst-excused	Gary Brown	Dana Love
Dave Cullen	Dr. Charles Lane-excused	Scott Winston	Jake Mazulewicz
Holly Frost	Billy Altman-excused	Michael Berg	Steve Puckett
Nicholas Klimenko	Jeffrey Reynolds	Greg Neiman	Teresa Ashcraft
Kathy Eubank		Chad Blosser	Heidi Hooker
Dr. James Dudley (Dr. Lane)		Beth Singer	Debbie Akers
		Dr. George Lindbeck	Marcia Pescitani

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Welcome	The meeting was called to order at 10:52 am	
II. Introductions	Dr. Lindbeck was introduced as the State Medical Director. Members of the Committee and guests introduced themselves.	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting (ATTACHED)	Motion by: Dave Cullen To: Approve the Agenda as presented. Seconded by: Kathy Eubank Vote: Unanimously Approved
IV. Approval of Minutes	Reviewed the minutes of the April 9, 2008 meeting (ATTACHMENT: A)	Stand as corrected by General Consent
V. Reports of Committee Members		
	<ul> <li>d. Officer Reports – None</li> <li>e. Reports of Committee Members –         <ul> <li>a. Medical Direction – Dr. James Dudley/Dr. George Lindbeck – Endorsed PDC's actions and request for a decision on the Virginia Scope of Practice. MDC endorsed a Virginia Scope of Practice (SoP) based upon the National SoP by 2014 and a committee is coming together to begin the work at a meeting scheduled for late.</li> <li>b. Others – None</li> </ul> </li> </ul>	

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
	f. Office of EMS  vi. Division of Educational Development-Greg Neiman  1. Staffing —  1. We are currently full-staffed. With Norma Howard being rehired, we have been able to significantly address errors; however, we are still far behind.  2. The hiring of a Certification Test Administrator continues to be on hold and with the current budget issues, may remain that way for some time. We continue to pursue approval.  2. National EMS Education Standards — Draft 3.0: The deadline for comments has passed and the final draft is expected out later this summer or early fall. The Atlantic EMS Council (AEMSC) submitted comments for consideration as follows:  Clinical Behavior/Judgment (Green Section)  • Scene Leadership  • DELETE (EMT): "on an emergency call. Following a pre- or post-graduation internship and additional experience, serve as a team leader on emergency calls." The addition of this text has caused confusion and should be deleted.  Educational Infrastructure  • Hospital Clinical Experience  • REVISE (EMT): "Students should observe emergency department operation for a period of time sufficient to gain an appreciation for the continuum of care." "D. "Students should observe two (2) emergency department patients to gain an appreciation for the continuum of care."  • REVISE (EMT): "Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if clinical settings are not available." TO "Students must perform five (5) patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if clinical settings are not available." TO "Students must perform five (5) patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on simulated patients if clinical settings are not available."  • Course Length  • REMOVE FROM ALL LEVELS "Pre or Co-req	up; Responsible Person

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	plans to change the mailing address.	
	Discussion regarding the Education Standards/Scope of Practice and impact on Virginia.	
	vii. ALS Training Specialist – Greg Neiman  1. Certified Professional Midwives (CPM) Program – Warren Short and Connie Purvis are serving on this committee to assist with identification and training of issues that may arise with a patient who is utilizing a CPM and requests EMS assistance on the scene.	
	Discussion	
	<ol> <li>Enhanced Intubation – Endotracheal Intubation at the Enhanced level has been removed from written and practical testing effective July 1, 2008. The written examination required that 5 new airway related questions be replaced.</li> <li>MDC Subcommittee – MDC has established a subcommittee to determine the floor to ceiling (Scope of Practice) for the new NSP certification levels. They will be meeting later in July to begin this process.</li> <li>Viii. BLS Training Specialist – Greg Neiman</li> <li>EMS Instructor Updates – Only 5 updates scheduled for 2008. The most recent, June 14, 2008 at 9am in the Western Virginia Region was well attended by around 50 Instructors/ALS Coordinators. We continue to work on placing the Update on VATrain, but do not have a rollout date.</li> </ol>	
	VATrain, but do not have a rollout date.  2. EMS Instructor Institute – At the Institute in Blacksburg June 14- 18 we had 16 Candidates attend; 11 full, and 5 Fire Instructors. 15 received full certification and 1 received Conditional. The next Practical is scheduled for this Saturday, June 12, 2008 in the REMS Council area; we have around 20 candidates registered. The next Institute is scheduled the Lord Fairfax Region for September 13-17, 2008.  ix. Funding and Accreditation  1. EMSTF- See Attachment (ATTACHMENT: B)	
	The Strategic Plan was approved by the HJR-743 Committee on how EMS is using the \$4.25 for Life.  2. ALSTF – See Attachment (ATTACHMENT: C)  3. Accreditation Update – See Attachment (ATTACHMENT: D)	
	5. Accreation option – See Attachment (ATTACHMENT, D)	
VI. Ad-hoc Committee	e. BLS Curriculum Review – Linda Johnson, Chair – Last Meeting was June 26, 2008. No	

Topic/Subject	Discussion	Recommendations, Action/Follow-
Reports	quorum, however the committee is still working on the BLS Accreditation document. Next Meetings - Tuesday, July 28, 2008 10am, Thursday, August 28, 2008 10am, Tuesday, September 30, 2008 11am.  g. BLS Certification Evaluators Committee – Linda Johnson, Chair – NO REPORT – Still on hold waiting for Test Committee.  f. BLS Certification Test Committee – Jeffrey Reynolds, Chair - Last meeting was June 24, 2008. The committee continues to write the Practical Test Book for the new practical stations. Next meeting is July 16, 2008. Should have something for the Evaluator Committee by fall.  g. EMS Instructor Credentialing Committee – Nick Klimenko, Chair – At their last meeting the committee did not have a quorum, however they have come up with a DRAFT list of recommendations which are presented for review and comment from the PDC before they move forward to create a final recommendation. (ATTACHMENT: E)  The formal recommendation from the Committee will be presented at the next PDC meeting.  Nick then went through a presentation about the document.	up; Responsible Person
	There was discussion of Nick's presentation.	Motion By: Kathy Eubank The Office will provide notice to all members of the PDC and Regional Councils. The discussion of this proposal will be the 1 <sup>st</sup> New Business agenda item of the next meeting. Seconded By: Holly Frost
	Discussion: Dave Cullen will forward the document electronically to the Regional Councils and they will discuss this document at their next meeting. Dave will collect the feedback and provide this back to the Office.	Chair's directive on the previous motion is that all comments will be back to Greg Neiman for distribution to the sub-committee by September 1 <sup>st</sup> .  Vote: Motion passed unanimously.
	Feedback: Debbie Akers from Western Virginia EMS Council indicated that the Regional Councils still need to be involved in this process to ensure that education is available to all people.	
VII. Previous Business	None	

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
VIII. New Business	f. Proposed removal of the AED Station from FR & EMT Practical Exam in light of the new approved practical exam.	Motion by: Kathy Eubank To: Remove the AED Station from FR & EMT Practical Exam in light of the new approved practical exam. Seconded By: Nick Klimenko  Vote: Unanimously passed
IX. Public Comment	Steve Puckett asked why the curriculum is still teaching activated charcoal when it is no longer required	
	on the units. Michael Berg advised that although the regulations no longer require it be carried on the units, it remains in the current curriculum and so must be taught and is subject to being tested.	
X. Dates for 2008 Meetings	Next PDC Meeting is scheduled for October 8, 2008, at the Marriott West - Innsbrook	
XI. Adjourn	Motion to adjourn at 2:04 PM.	



### COMMONWEALTH of VIRGINIA

Department of Health

Karen Remley, MD, MBA, FAAP State Health Commissioner

Gary R. Brown Director

P. Scott Winston Assistant Director Office of Emergency Medical Services P.O. Box 2448 Richmond, VA 23218-2448

Professional Development Committee Wednesday, July 9, 2008 Marriott West - Innsbrook 10:30 AM Agenda

- I. Welcome
- II. Introductions
- III. Approval of Agenda
- IV. Approval of Minutes from April 9, 2008
- V. Reports of Committee Members
  - a. Officer Reports
  - b. Reports of Committee Members
    - i. Medical Direction Committee Dr. Charles Lane
    - ii. Others
  - c. Office of EMS
    - i. Division of Educational Development-Warren Short, OEMS
      - 1. Staffing
      - 2. National EMS Education Standards (NEMSES) Draft 3.0
    - ii. ALS Training Specialist- Tom Nevetral, OEMS
      - 1. NREMT/CBT
      - 2. Scope of Practice Impact Committee
    - iii. BLS Training Specialist-Greg Neiman, OEMS
      - 1. EMS Instructor Updates
      - 2. EMS Instructor Institute
    - iv. Funding and Accreditation-Chad Blosser, OEMS
      - 1. ALSTF
      - 2. Accreditation Update
      - 3. EMSTF

### VI. Ad Hoc Committee Reports

- d. BLS Curriculum Review Linda Johnson-Chair
- BLS Certification Evaluators Committee-Linda Johnson-Chair-NO REPORT
- f. EMS Instructor Credentialing Nick Klimenko-Chair
- g. BLS Certification Test Committee-Jeffrey Reynolds-Chair

(over)



109 Governor St., Saite UB-55 Richmond, VA 23219

> 1-800-523-6019 (VA only) 804-864-7600 FAX: 804-864-7580

- VII. Previous Business
- VIII. New Business
  - h. Proposed removal of the AED Station from FR & EMT Practical Exam
- IX. Public Comment
- X. Dates for 2008 Meetings
  - i. January 9, 2008
  - j. April 9, 2008
  - k. July 9, 2008
  - I. October 8, 2008
- XI. Adjourn



### EMS Training Funds Report

# Emergency Medical Services Training Funds Summary

As of October 8, 2008





### ALS Training Funds Summary of Expenditures FY09

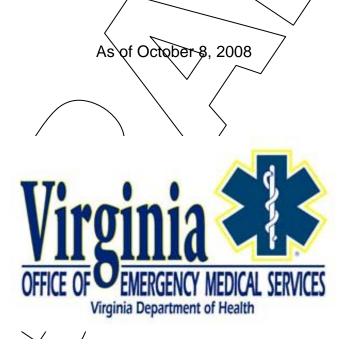
Training Fund Category	\$ Budgeted	\$ Disbursed	Remaining Funds
Accreditation Funding – ALS	\$ 75,000.00	\$ / -/~	\$ 75,000.00
Accreditation Funding – BLS	\$ -	<b>/</b> \$	<b>/\$</b> -
Basic Course Funding – ALS	\$ 1,000,000.00	\$ 344,968.00/	<b>\$</b> 655,032.00
Basic Course Funding – BLS	\$ 719,000.00	\$ 90,601.00	\$ 628,399.00
Auxiliary Program Funding – ALS	\$ 325,000.00	\$ 50,036.00	\$ 274,964.00
Auxiliary Program Funding – BLS	\$ 100,000.00	\$ 4,640.00	\$ 95,360.00
Individual/Organizational Tuition Funding – ALS	\$ 100,000.00	\$ 27,914.00	\$/ 72,086.00
Individual/Organizational Tuition Funding – BLS	\$ 50,000.00	\$ - \	<b>50,000.00</b>
CE Funding by Planning District – ALS	\$ 400,000.00	\$ 36,436.00	<b>363,564.00</b>
CE Funding by Planning District – BLS	\$ 231,000.00	\$ 5,180.00	\$ 225,820.00
		$\vee$	
Grand Total	\$ 3,000,000.00	\$ 559,775.00	\$ 2,440,225.00





Accreditation Report

## Accredited Training Site Directory





### Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number /	Expiration	Accreditation Status
Associates in Emergency Care – GMRS	68303	1/1-2009	National – Initial
Associates in Emergency Care – LFCC	06111	11-2009	National – Initial
Associates in Emergency Care – Stafford	17908 / /	11-2009	National – Initial
Center for Emergency Health Services – Fredericksburg	63013 /	/M-2009	State – Full
Center for Emergency Health Services – Portsmouth	74014/	11-2009	State – Full
Center for Emergency Health Services – Richmond	7602/8	11,⁄2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	1/1-2009	State – Full
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004	11-2007	National – Initial
J. Sargeant Reynolds Community College – Goochland	07504	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Hanover	08513	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Henrico	08709	11/2007*	National – Initial
J. Sargeant Reynolds Community College – RAA	76029	<b>1</b> ⁄1-2007*	National – Initial
Jefferson College of Health Sciences	77007/	<b>1</b> 05-2011	National – Continuing
Loudoun County Fire & Rescue	10704	05-2012	National – Continuing
National College of Business & Technology	77512 <	11-2009	State – Full
Northern Virginia Community College	05906	05-2011	National – Continuing
Patrick Henry Community College	08908	08-2008	State – Conditional
Piedmont Virginia Community College/UVa	54006	11-2008	National – Initial
Southwest Virginia Community College	18507 /	01-2012	National – Continuing
Tidewater Community College	81016/	05-2011	National – Continuing
Tidewater Community College – NNFDTC	70014	05-2011	National – Continuing
VCU School of Medicine Paramedic Program	76011	03-2012	National – Continuing

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

	auxiliary courses.		<b>\</b> /			
*	J. Sargeant Reynolds is in the process	s of completing a self-s	study document at th	e request of CoAEMSP f	or a follow up visit	scheduled for 2009.
	Legend: -Community Co	\.		Business Main Site		ernate Site
		_/ /				

Virginia Office of Emergency Medical Services Division of Educational Development

### <u>Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth</u>

Site Name	Site Number /	Expiration	Accreditation Status
Center for EMS Training	74015	09-2008	State – Full
Central Shenandoah EMS Council Intermediate Program	79001	05-201Q	State – Full
John Tyler Community College	04115	02-2012	State – Full
Lord Fairfax Community College	06903 / /	06-2007	State – Full
New River Valley Training Center	75004 / /	<i>1</i> 2-2011	State – Full
Norfolk Fire-Rescue	71008/ / /	07-2/011	State – Full
Franklin County Public Safety Training Center	067ø5	07/2012	State – Full
Old Dominion EMS Alliance	04114	Ø8-2008	State – Conditional
Prince William County Paramedic Program	15312	07-2010	State – Full
Rappahannock Community College – Glenns	11903	07-2011	State – Full
Rappahannock Community College – Warsaw	15904	07-201/1	State – Full
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Full
Roanoke Regional Fire-EMS Training Center	7,7505	12,2009	State – Full
Southside Rescue Squad	11708	<i>0</i> <b>7</b> -2011	State – Full
UVa Prehospital Program	54008/	<b>⁄</b> 07-2009	State – Full

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend: - Community College Main Site

- Rrivate Business Main Site - Alternate Site

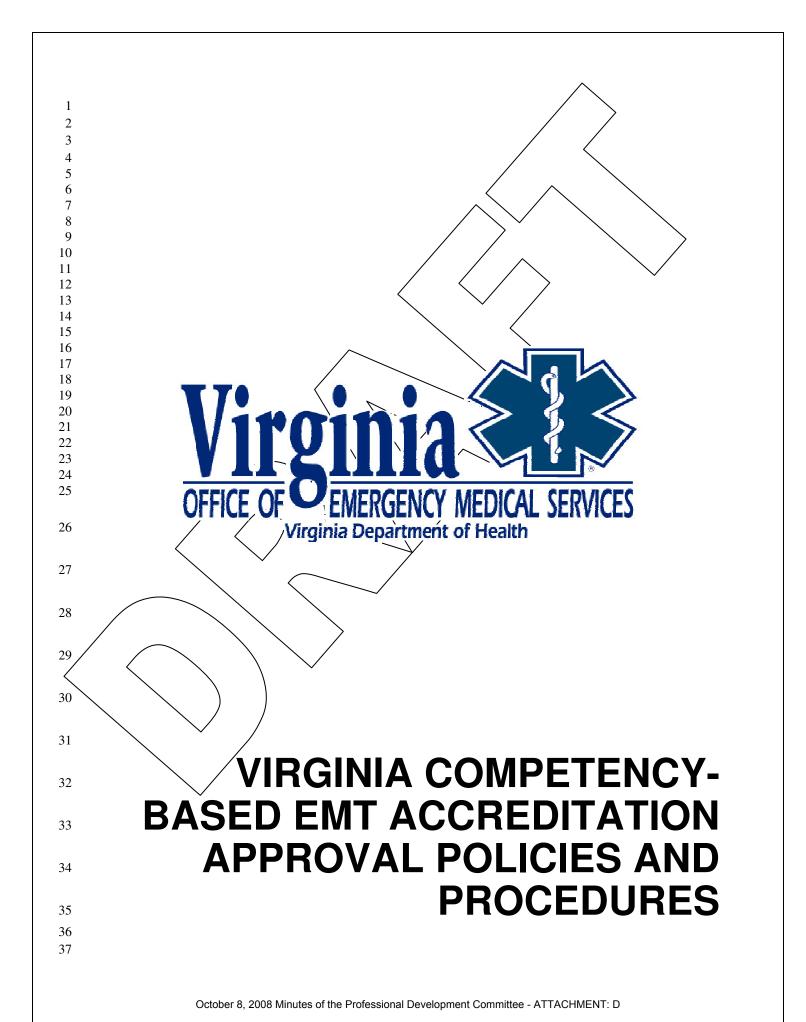
### EMT-Intermediate Candidate Sites

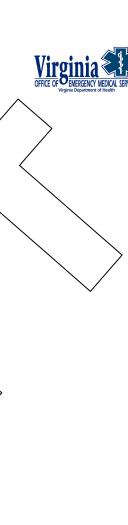
Site Name	Site Number	Council	Accreditation Status
James City County Fire-Rescue	unassigned	PEMS	Inquired about how to set up a site.
Danville Training Center	unassigned	WVEMS	Submitted Intermediate self study in May, site
	\ \ \		team has been assigned.
Center for EMS Training /	74015	TEMS	Submitted Paramedic self study in May, site
			team has been assigned.

Virginia Office of Emergency Medical Services Division of Educational Development Page 3 of 3



### Proposal from the BLS Curriculum Update Committee





**TABLE OF CONTENTS** 1. INTRODUCTION 2. APPLICATION PROCESS 3. SELF ASSESSMENT DOCUMENT 4. SITE VISIT 5. CATEGORIES OF APPROVAL 6. APPEAL POLICIES AND PROCEDURES 7. PUBLICATION OF EMS BOARD DECISIONS ON APPROVAL 8. SITE VISIT REPORT 9. ANNUAL REPORT 10. REQUIREMENTS FOR MAINTAINING APPROVAL Office of Emergency Medical Services Virginia Department of Health James Madison Building Suite UB-55 109 Governor Street Richmond, VA 23219 Telephone number: 804-864-7600 Fax number: 804-864-7580 



I. INTRODUCTION

In compliance with 12 VAC 5-31, the Virginia Office of Emergency Medical Services (OEMS) has been delegated the authority by the State Board of Health to develop, implement and administer BLS programs in the Commonwealth.

The Educational Approval and Policies and Procedures set forth in this manual have been developed as an *alternative* to current Basic Life Support training polices and procedures. This approval process is *voluntary* for all Basic Life Support (BLS) education programs who wish to participate and conduct a competency-based BLS training program for personnel gaining certification as a BLS provider in the Commonwealth of Virginia. The purpose of this alternative approval program for BLS education programs is to ensure quality and consistent minimum standards in the delivery of these education programs on a statewide basis.

In an effort to achieve this, the primary goal established is to ensure that all Virginia BLS education programs meet the standards of quality outlined by the Office in this manual. A secondary goal established is to assist all existing and future BLS education programs conducted in Virginia in meeting the standards detailed in the regulations.

In an effort to best achieve the second goal, this manual has been developed to outline the procedures required to achieve State education program approval. It will assist education program administrators coordinators in the preparation of information necessary to justify approval.

 It is also important for BLS education programs to receive the recognition of their efforts in providing quality education and training for BLS providers in the Commonwealth. Being awarded approval signifies that the education program meets the high standards set forth by peers and EMS professionals across the State.

BLS Programs working under ALS accredited sites should still be able to be accredited for recognition and quality assurance.

Programs that attain BLS Accreditation only and then choose to revert back to the traditional BLS Program format are prohibited from seeking re-accreditation for five (5) years. ALS Accredited programs that add BLS Accreditation may not revert back to the traditional BLS Program.

Failure to maintain or loss of accreditation will require that all programs being conducted under that accreditation be suspended immediately.

Accredited programs must not announce a course that ends after the expiration date of their Accreditation.

### II. APPLICATION PROCESS 1 2 1. An Application Form shall be provided by OEMS (Attachment A). The Application for 3 BLS Competency-based Education Program Approval shall be completed in its 4 entirety and submitted to the Office of Emergency Medical Services Division of 5 Educational Development by one of the two designated deadlines. 6 7 1. Application Deadlines - Application for BLS Competency-based Education Program Approval shall be received at least six (6) 8 months before the first competency-based course begins. 9 10 2. Programs seeking Accreditation shall not announce, advertise, 11 recruit or promote a competency-based EMT course until a grant of 12 Accreditation has been received from the Office of Emergency 13 Medical Services. 14 15 2. The completed Application for BLS Competency-based Education Program Approval 16 with attachments must be submitted to: 17 18 Office of Emergency Medical Services 19 Virginia Department of Health 20 James Madison Building Suite UB-55 21 109 Governor Street/ 22 Richmond, VA 23219 23 24 Attn: Chad Blosser 25 26 27 3. BLS education programs accredited by the Commission on Approval of Allied Health 28 Education Programs (CAAHEP) applying for Virginia approval shall submit the 29 following documents: 30 31 A copy of the Site Visit Report submitted to the CoAEMSP by 32 CAAHEAP. 33 34 35 b. A copy of the letter awarding accreditation from the CoAEMSP must be attached. 36 37 Any portion of the Virginia BLS Competency-based Education 38 Program Approval application that is not duplicated in the CAAHEP 39 accreditation process. 40 41 4. The completed Application Form for BLS Competency-based Education Program 42 Approval must be accompanied by two (2) attachments. 43 44 A. A cover letter, written on the agency/institution letterhead responsible for 45 conducting/supporting the educational program, must be attached, 46 requesting program approval. The letter must confirm continued support for 47 the BLS Competency-based education program during the five-(5) year 48 approval period. 49



- B. Three (3) copies of the Self Assessment Document shall be attached to the Application for BLS Competency-based Education Program Approval.
- 5. A letter from OEMS acknowledging receipt of the Application for BLS Competency-based Education Program Approval shall be sent to the requesting agency/institution.
- 6. Timeline The process for BLS Accreditation will follow the timeline as listed in the Training Program Administration Manual (TPAM).
- 7. Existing ALS Accredited Programs Accredited ALS Programs may apply to the Office of Emergency Medical Services to add BLS Accreditation by completing an application and demonstrate they have the facilities and equipment necessary to conduct successful programs.



### 

### III. SELF ASSESSMENT STUDY DOCUMENT

- 1. The Self Assessment Study Document provides each BLS education program with an opportunity to assess their objectives and degree of compliance with BLS education approval program standards set forth in the Training Programs Administration Manual and 12 VAC 5-31. This evaluation should be comprehensive and clearly identify the program's strengths and limitations.
- 2. Each BLS education program is expected to complete the Self Assessment Study document accurately and thoroughly.
- 3. Completion of the Self Assessment Study Document should involve the entire BLS program staff. This is to include but not limited to the program medical director, administrator/coordinator, BLS administrative staff, BLS faculty, EMT students, and others in the health care delivery system involved in the BLS educational program.
- 4. The Self Assessment Study document and attachments will be reviewed by OEMS and if the program appears to be in compliance with standards, a site visit will be scheduled.
- 5. The format for the Self Assessment Study is depicted in Attachment B.
  - A. Content of Self Assessment Study Document
    - Begin with an overview of BLS education program to include a brief statement regarding the development of program, target students, and communities of interest served by the BLS providers. Also addressed should be any special considerations impacting program delivery such as financial constraints, availability of clinical facilities, etc. This portion should not exceed two (2) pages in length.
    - 2. Identify agencies institutions responsible for the oversight of the BLS education program.
      - Each BLS education program shall have a written statement of the program's goals, consistent with the sponsoring agency/institution's mission statement and the needs of the community. They shall serve as a guide for developing, implementing, and evaluating the educational program. A copy of the program's goals should be included in the self-assessment study document.
    - 4. The BLS education program shall have defined the educational goals and competencies for each program delivered [FR or EMT-B]. The goals shall be clearly stated, measurable, and attainable. They shall serve as the foundation for developing, implementing, and evaluating the educational program and shall identify the expected competencies of students completing the program.
    - 5. BLS education programs are delivered utilizing a variety of schedules to

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<ul><li>24</li><li>25</li><li>26</li></ul>	
27 28 29 30	
31 32 33	
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38 39 40	
41 42 43 44	
45 46 47	
48 49 50	

meet the needs of the student population served and the agency/institution. A copy of the course syllabus for each different program/class i.e. FR and EMT-B shall be attached to the self-assessment study document.

6. Resource availability is a crucial part of any BLS education program. These resources include administrative personner, financial support, faculty/staff, teaching facilities, and available clinical and field experiences. Medical guidance of the program is an essential component. The Self Assessment Study Document should contain the following information/attachments for the programs resources.

### B. Organization of Personnel

- 1. Attach a copy of the organizational chart that shows the relationship among students, raculty, medical director, program coordinator and other personnel for each course (which shall demonstrate the relationship of the program and it's staff to the sponsoring agency/organization.) The lines of authority responsibility and communications shall be clearly indicated.
- 2. Program job titles, all full-time, part-time and volunteer positions, shall be included with a position description of each. The names of individuals holding these job titles shall also be listed.

### S. Medical Director

Each program shall have a Medical Director who shall <u>oversee</u> the educational content and field internship experiences of the program. He/She shall ensure the content and the quality meet required standards.

- 1. Attach the medical director's job description, duties, and responsibilities in his/her role in the BLS education program.
- 2./ Include a copy of the medical director's curriculum vitae

### D. Program Director

Each BLS education program shall have a program director to manage the overall aspects of the BLS education program.

- The program director ensures the success of the educational program. He/She is responsible for the organization, administration, evaluation, continued development and effectiveness of the educational program. He/She is the only person who can announce courses to the Office of EMS for the program.
- 2. Attach a copy of the program director's curriculum vitae which



substantiates that the individual is certified as an EMT Instructor or ALS Coordinator or EMS Education Coordinator with experience instructing and evaluating EMS students, and experience with administration of educational programs. The director shall demonstrate knowledge of 12 VAC5-31, the Training Program Administration Manual and of the issues currently impacting the prehospital care provider.

### E. Instructors

The FR or EMT course shall be taught by an EMS provider who is certified at the EMT level or higher or by a person who is knowledgeable in the subject matter being instructed. The Instructor shall work with the program director in preparation and delivery of the course content.

### F. Clinical/Field Coordinator

The Clinical/Field Coordinator may be designated by the program. They are responsible for oversight and coordination of the Clinical/Field Components of the FR and/or EMT sourse. In smaller programs this function may be met by the program director.

### G. Preceptors

Preceptors for clinical and/or field rotations will be designated by the program and approved by the program Medical Director. The preceptor must be certified at or above the level of the certification being sought by the student.

### H. Financial Support Sources for Program

Financial support for many of the BLS education programs comes from a variety of sources. These may include but not be limited to the local jurisdiction, volunteer organization, EMS Training Funds (EMSTF) or a combination of the above. Within the application, the BLS education program shall present a budget disclosing expected expenses and the sources of revenue that will support the program.

### I. Instructional Facilities.

Each program shall maintain facilities adequate for presentation of didactic, skill instruction and practice sessions. Medical sharps and drugs shall be stored in a secured area. A secure record storage area must be used for student and program files. The application shall:

Indicate the maximum number of students that can be accepted into the program. If there is a minimum number of students required to conduct the program, that number shall also be included in this section.

 Describe the classrooms to include location, student capacity, labs, instructional materials, and BLS education equipment utilized in the program. Describe how the skills laboratory is utilized in the curriculum.

### J. Students

Students' success in the BLS education programs is dependent upon many factors some of which are not under the students' control. Each

student deserves a fair opportunity to succeed.

- 1. Describe criteria for student selection.
- 2. Attach a copy of any information packet provided to students accepted into the BLS education program.
- 3. Describe any resources available to assist students with problems encountered during the BLS education program. These problems may be related to educational difficulties, skill performance problems, or behavioral problems. If resources are unavailable, explain how these problems are managed.
- 4. Describe all measures used to promote student progress and success such as tutoring capabilities, remedial training, and self study computer programs, as examples.
- 5. Describe how the program measures student progress in the course. Include which evaluation tools are used and how they are weighted.
- 6. Indicate the manner and frequency in which student performance feedback is provided. Include the forms used for student action plans and student counseling.
- 7. Describe or attach policies and procedures, which define conditions and the process used for dismissal of students from the program;
- 8. Describe the appeal process students may use to request a review of evaluations or disciplinary actions;
- 9. Describe how the student records are maintained which ensures their confidentiality.
- 10. Describe how students are identified in the field internship areas.
- 11. Describe Americans with Disabilities Act (ADA) policies as they relate to the program.

### K. Program evaluation

Each program, in an effort to continuously improve the quality of the BLS education delivered, shall have a written policy and procedure for evaluation of the BLS education program. Evaluation shall be done annually and provide written objective evidence that the program is meeting its objectives and the changing needs of EMS care. Input should be gathered from students as well as faculty members.

1. Attach copies of program evaluation tools used by both student and faculty members to provide feedback about the program.



1	
2	2. Include a report analyzing the evaluation results data on the
3	effectiveness of:
4	a. Program
5	b. Resources
6	c. Responsiveness to recommendations to change
7	d. Faculty
8	e. Students ability to function as entry-level providers
9	upon successful completion of the BLS course
10	
11	3. Describe methods developed to improve weak areas identified and
12	indicate if changes initiated.
13	
14	L. Satellite BLS education programs provisions
15	There may be instances where BLS education programs are conducted by
16	approved programs but at a different location and/or for another
17	agency/institution.
18	
19	<ol> <li>Parent BLS education program must have received full</li> </ol>
20	accreditation.
21	
22	2. The satellite BLS education program must operate under the parent
23	program's approval.
24	
25	3. The BLS education program shall be conducted in the same fashion
26	as the parlent program.
27	4 Faculty of the aptallite 71 C advention are grown much have their
28	4. Faculty of the satellite BLS education program must have their
29	credentials on file with the parent BLS education program. Faculty
30	members must meet the same education, experience and
31	preparation requirements.
32 33	5. Classroom and lab facilities utilized for didactic and clinical
33 34 /	instruction at the satellite program shall meet the same
34 35 <	requirements as listed in Section I.
36	nequirements as listed in Section 1.
30	
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### IV. Site Visit

 A visit to the BLS education program site shall be conducted, at a mutually convenient time, to observe the BLS education conducted by the program.

A. The time frame for site visit shall be planned for a one (1) day visit. During the site visit, the didactic and field BLS educational sites may be visited and evaluated. The didactic and field preceptors and students may be interviewed.

1. Schedule of site visit- A suggested schedule for activities during the site visit has been developed. If there are valid reasons why the schedule should be changed at the request of the BLS education program or the site visit team, this must be arranged prior to the arrival of the site visit team. This is a very ambitious schedule and the cooperation of the BLS education program and its personnel is essential if the activities are to be completed within the one (1) day time frame. The schedule for the site visit may be determined by the Self Assessment Document.

Suggested schedule may include:

8:00 am

### Meet with Program Director and Administrative Staff

The site visit team members will briefly review the approval process implication of status assigned, and function of site visit.

 It may be necessary to get additional information on educational philosophies, operational procedures, curriculum content and sequence delivery of the BLS education program

9:00 am

10:0Ø am

### **Meet with Medical Director**

The site visit team may need to clarify or assess the level of medical involvement and accountability in all phases of BLS education program.

### Meet with Instructors responsible for Didactic Instruction

 The site visit team may need to obtain additional or clarify information on course content, teaching strategies utilized, and testing mechanisms. At this time an exchange of ideas between site visit team and faculty may occur to introduce new ideas/techniques for possible use in improving the program delivery



11:00 am 1 2 Meet with Students currently in BLS Education Program 3 The site visit team will meet with a representative group of 4 students to assess student reactions to BLS education 5 program, the student's perception of their responsibilities 6 and how their role changes once they complete the 7 8 certification process. 9 12:00 - 1:30 pm 10 11 **Working Lunch** 12 o The site visit team shall review the BLS education program 13 records, student files/records, course records, and testing 14 records. They shall also review the written and practical 15 evaluation tools used to determine students' success or 16 failure in the program. 17 A review of how the program maintains all academic 18 19 (ecords will also be done. 20 1:30 - 3:30 pm 21 22 Visit to Clinical/Field Internship Sites, Interview 23 Clinical/Field Training Preceptors 24 Members of the site visit team will want to assess the 25 deneral quality of the clinical teaching environment, and 26 general resources available in the field internship sites. 27 They will also want to interview some of the faculty 28 providing the supervised practice of students. 29 30 4:00 - 4:30 pm 31 32 Final Meeting with Program Director 33 The members of the site visit team will again meet with the 34 program director to answer any final questions the site visit 35 team may have regarding the program or administration. 36 Collect Site Visit Evaluation Form from program 37 representative 38 39 30 - 5:30 pm 40 41 Site Visit Team Meeting 42 The members of the site visit team will meet to complete 43 their site visit reports and come to a consensus on the 44 recommendation regarding the accreditation status to be 45 recommended to OEMS. The BLS education program is 46 requested to provide a secure meeting place for the team 47 to meet. 48 49

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### V. Composition of Site Visit Team

The Site Visit Team shall be composed of persons with demonstrated expertise in the areas of BLS education, program administration, and Medical Direction. After a careful review of the Self Assessment Documentation and other information submitted by the program, they shall visit the program to clarify any questions and see the resources attilized by the program.

A. The Site Visit Team shall consist of an OEMS Representative and two (2) additional members represented by any of the following:

A system medical director or a BLS education program medical director;

BLS faculty or program director of an Accredited Program
 Others as necessary, designated by the Office of EMS

B. Criteria for site team

Site visit team members must have a working knowledge of BLS education.

1. The Medical Director may be an Operational or a Program Medical Director. The Medical Director for the BLS Educational Program may not serve as a member of the site visit team for a program under his/her supervision. (The Medical Director must have at least 3 years experience as a Medical Director)

The BLS program director or faculty member must have a minimum of 2 years experience or equivalent education.

The OEMS designated representative must have a minimum of 2 years experience in EMS education/program administration or the equivalent educational preparation.

The OEMS representative will be responsible for arranging the site visit.

Selection Process for Site Visit Team Members

Site Visit Team members shall be selected from a qualified group of BLS Program Directors or faculty members and Medical Directors. Individuals meeting the minimum requirements interested in serving on the site visit team shall notify OEMS in writing of their interest.

 Site Visit Team members will be selected by OEMS and subject to their availability from their primary program commitments. Team members shall indicate any potential conflicts with serving on the site visit team to OEMS representative when initially requested to serve.

2. If an applicant can demonstrate in writing a reasonable basis for



1 2		concern, OEMS shall consider allegations that conflicts of intere exist between a site reviewer and an applicant.
3	_	
4	D.	Length of visit at BLS education program
5		
6		The site visit team plan to spend one (1) day evaluating the program but this
7		may be extended, if necessary, in order to adequately evaluate program
8		resources. This would occur only in unusual circumstances and upon mutual
9		agreement between the host program coordinator and team leader.
10	_	
11	E.	Personnel interviews to be conducted during site visit
12		Dua avana Diva ataw (Causaa Caasalisa tawa ahali waxaa a fayiinta waisa wa with tha
13		Program Director/Course Coordinators shall arrange for interviews with the
14		following program personnel during the site team visit.
15		1. Dua sua sa Disa atau
16		Program Director     Madical Director     Program Director     Program Director
17		2. Medical Director/Physician Course Director
18		Current students (suggested minimum of 3)      Clinical Coordinator
19		<ul><li>4. Clinical Coordinator</li><li>5. Instructors</li></ul>
20		6. Others as requested by the review team
21		o. Others as requested by the review team
22 23		
24	F.	Review of BLS Education Program Files
25	١.	Theview of DES Education Frogram Files
26		Program Directors shall arrange for site visit team to review the following
27		program files:
28		An example is available on the OEMS website
29		http://www.vdh.state-va.us/OEMS/Training/ResourceCD/studentfiles.htm)
30		- The state of the
31		1. Instructor files
32		2. Student files
33		3. Counseling procedures and records
34 /		4. Testing procedures utilized
35 <		5.\ Methods of test development
36		6. Validation procedures used for tests/questions
37	`	7./ All written and practical exams
38		8. Test security procedures
39		9. Attendance records and requirements
40		10. Clinical Experience Agreements/Contracts
41		
42		
43	G.	BLS Education Program Facilities
44		
45		Site visit team shall be permitted to see and examine the following program
46		facilities:
47		
48		<ol> <li>Classrooms used for presentation of didactic material</li> </ol>
49		<ol><li>Sufficient dedicated Program equipment for use only in BLS skil</li></ol>
50		education and practice



1	3. If dedicated didactic classrooms, all laboratory space for skills
2	instruction and practice
3	4. Clinical Facilities and/or Field Locations
4	
5	
6	
7	H. Confidentiality of information gathered during site visit and included in report.
8	
9	All information collected by persons involved in the approval process shall be
10	maintained with highest confidentiality. All printed materials such as the
11	application, self-assessment document and site visit report will be read only by
12	the site visit team, Program Approval processing staff, Governor's EMS Advisory
13	Board members if necessary, and other authorized persons.
14	
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17	I. Site visit report
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19	During the site visit each team member shall complete a report of his or her
20	findings. These reports\shall be completed at the end of the site visit and
21	submitted to the OEMS representative. A consensus Site Review Team Report
22	will be developed with a recommendation in regard to Approval status and
23	submitted to OEMS. A copy of the Site Visit Report Form is attached. (See
24	Attachment: D)
25	
26	
27	The program director/course coordinator of program being evaluated shall
28	complete an Evaluation of the Site Visit. This shall be submitted to the Site Visit
29	Team leader at the completion of the visit. A copy of the Evaluation Form is
30	attached. (See Attachment: E)
31	
32	
33	Completion Time Frame
34	
35 <	The final written report of the site team visit will be completed within 30
36	\ days of the site visit and submitted to OEMS for approval.
37	
38	<ol> <li>Report to BLS Education Program On Approval Status</li> </ol>
39	
40	4. The BLS education program will be officially notified in writing of the
41	OEMS decision regarding Approval Status assignment within two (2)
42	weeks of the decision
43	
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### VI. Categories of Approval

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 A. A BLS education program shall be assigned one (1) of the three (3) categories of approval status by OEMS following the application review, site team visit and review of site team visit report.

- 1. Provisional Accreditation (1-year period). This status is assigned to successful initial applicants and/or when the Application Form for BLS Competency-based Education Program Approval and the site visit report substantiate limitations in meeting criteria which can be resolved within the definite time frame of one (1) year.
  - a. The applicant is required to submit a written progress report addressing these limitations to the BLS Education Approval Program Office at the OEMS semiannually.
  - b. A second site visit may be required to verify that all limitations are resolved. If a second site visit is required, a revised Self Assessment Study report addressing all criteria including changes made since initial site visit shall be required prior to conducting the visit.
  - c. At the end of the one (1) year provisional accreditation period the OEMS may:

Confer Full Accreditation for the remainder of the five (5) year period, if the applicant has satisfied all requirements, or

- ii. A second year Provisional Accreditation or
- iii. deny accreditation or iv. revoke accreditation

2. Full Accreditation (5-year period). This status is assigned when the Application Form for BLS Competency-based Education Program Approval has been submitted and site visit report substantiates that the program meets criteria. An annual written report of BLS educational activities and progress shall be submitted to the Office of Emergency Medical Services Division of Educational Development. CAAHEP accredited programs shall also submit an annual report and updated CAAHEP status (if applicable). Denial or Revocation of Accreditation

Denial or Revocation of Accreditation. This status is assigned when the Application Form for BLS Competency-based Education Program Approval and the site visit report substantiates that the program/organization is not in compliance with the criteria set forth in 12 VAC 5-31 and the Training Programs Administration Manual. The program shall be notified by mail of the EMS Board's decision.

B. The Office of Emergency Medical Services reserves the right to visit Accredited programs at any time to ensure compliance with the standards for approval.

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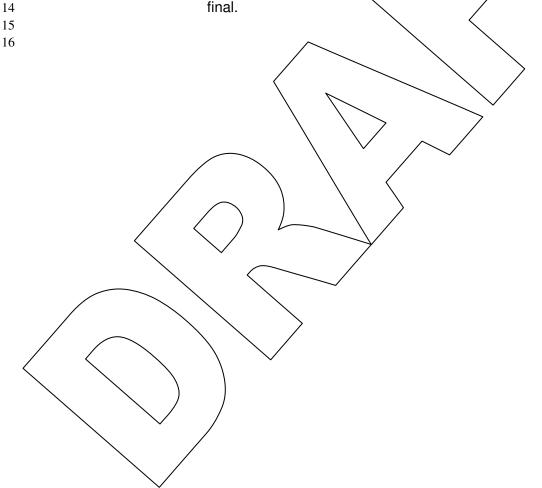
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### VII. Appeal Policies and Procedures

A. Appeal Procedure

An applicant program may contest an adverse decision by the ØEMS with regard to the approval status assigned.

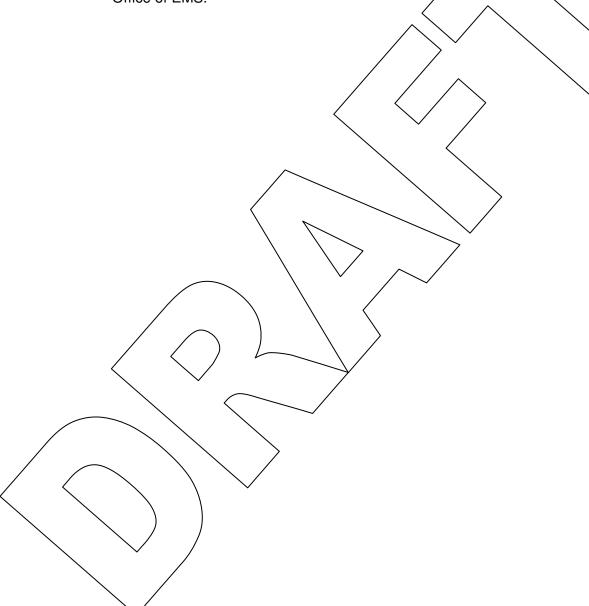
- 1. A written notice of appeal must be directed to the Office of Emergency Medical Services Division of Educational Development and submitted within fifteen (15) days after receipt of written notification of the OEMS decision. The request must include reasons and documentation why the original decision should be revisited.
- 2. The appeal will follow the Virginia's Administrative Process Act.,
- 3. If the written appeal request is not submitted within the specified time frame of fifteen (15) days, the Office of EMS's decision stands as final.





### VIII. Annual report

 A. Each accredited BLS education program must submit to the Division of Educational Development at the OEMS a report of BLS educational activities conducted during the past year. The report shall be submitted by July 30<sup>th</sup> of each academic year. It should be submitted in a manner as prescribed by the Office of EMS.





### IX. Requirements for Maintaining Approval 1 2 All agencies/institutions conducting BLS education programs in Xirginia are required to 3 comply with the Office of Emergency Medical Services Regulations and TPAM in order 4 to maintain approval status including the: 5 6 A. Adherence to all BLS Program Standards as approved by the Office of 7 8 Emergency Medical Services. 9 B. Advising OEMS within fifteen (15) days, of any changes in personnel directly 10 responsible for the administration/coordination of the program such as the 11 Medical Director or Program Coordinator. 12 13 C. Advising OEMS within fifteen (15) days, of any organizational or 14 programmatic changes which adversely affect the approved programs ability 15 to meet the established criteria. 16 17 D. Maintenance of an ongoing quality improvement process. 18 19 E. Conducting a minimum of one (1) BLS competency-based education 20 program every two (2) years. 21 22 F. Maintenance of the integrity of the curricula, resources, facilities, finances, 23 24 equipment and evaluation requirements. 25 Submission of required annual reports about the BLS Competency-based 26 Education Approved Program to the OEMS by the program director on forms 27 provided by the OEMS. Attachment F. 28 29 30



## Proposal from the EMS Instructor Credentialing Committee

### Draft Recommendations of the Virginia Department of Health, Office of EMS, Professional Development Committee, EMS Instructor Credentialing Ad-hoc Sub-Committee.

The EMS Instructor Credentialing Ad-hoc Sub-Committee proposes the following:

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- The current EMT-Instructor and Endorsed ALS Coordinator certification levels be replaced with one, all inclusive certification.
  - a. Title: EMS Education Coordinator
  - b. Term: 3 years
  - c. Effective date: with new regulations
  - d. The Office will establish a transition process to move all current EMT Instructors and ALS Coordinators to the new Education Coordinator Certification.
  - e. The EMS Education Coordinator certification does not authorize the holder to practice as a Certified EMS provider. Certified EMS Education Coordinators shall maintain current EMS provider certification.
- 2. Prerequisites for the EMS Education Coordinator shall be:
  - a. General
    - i. 21 years of age
    - ii. High school diploma or equivalent
    - iii. 3 years Medical Experience with a minimum of 2 years verified field experience as an EMS provider at the appropriate level, or two years of experience as a RN, PA, MD, or DO and current Virginia Licensure/Certification.
    - iv. Have not received enforcement action by the Office of EMS within the previous 5 years.
  - b. Pre-testing
    - i. Applicants for the EMS Education Coordinator shall successfully complete the pretesting requirements established by the Virginia Office of EMS, Department of Education Development.
      - 1. Written testing
      - 2. Practical testing
- 3. Educational Requirements
  - a. All new EMS Education Coordinator candidates must attend and successfully complete the VOEMS approved Instructional Excellence Institute.
  - b. Hold and maintain current Certification at or above the Certification level of the course being coordinated.
- 4. Instructional Excellence Institute
  - a. The Virginia EMS Education Coordinator Instructional Excellence Institute shall contain the instructional modules identified by the Office of EMS and meet the current US D.O.T.'s national EMS Educator guidelines.
- 5. Recertification
  - a. The EMS Education Coordinator must complete the following requirements to maintain certification:
    - i. Teach 50 hours per certification period in approved courses.
    - ii. Maintain current Certification as a provider at or above the Certification level of the courses being coordinated.
    - iii. Attend one (1) OEMS Instructor Update every certification period.